

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 07-JUN-2016		TIME 00:26:00		2. ADDRESS OF OCCURRENCE 1438 W 63RD ST CHICAGO, IL 60630				3. LOCATION CODE 281		4. BEAT/GRID 0713	
MEMBER INVOLVED <input checked="" type="checkbox"/> DIA	5. POSITION 9161	6. LAST NAME BANDOLA	7. FIRST NAME ROBERT S	8. STAR NO. 7810	9. RANK <input checked="" type="checkbox"/> 01 M	10. GRADE <input checked="" type="checkbox"/> 02 P	11. RACE, COLOR WHI	12. HIRE DATE 509	13. HIRED BY 180		
	14. DATE OF APPL. 27-NOV-2006	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 007 0715R	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On	18. MEMBER IN JURISDICTION <input checked="" type="checkbox"/> 01 Yes	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 02 No	20. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes	21. MEMBER IN JURISDICTION <input checked="" type="checkbox"/> 02 No			
SUBJECT INFORMATION <input checked="" type="checkbox"/> DIA	22. LAST NAME SHIELDS	23. FIRST NAME ALAN	24. STAR NO. L	25. RANK <input checked="" type="checkbox"/> 01 M	26. GRADE <input checked="" type="checkbox"/> 02 P	27. DATE OF BIRTH 21-JUN-1984	28. HIRE DATE 507	29. HIRED BY 180			
	30. ADDRESS 1812 S 80TH COURT CICERO, IL 60604	31. TELEPHONE NO. [REDACTED]	32. SUBJECT ARMED/MOUTH (SPIT, BITE, ETC) <input checked="" type="checkbox"/> 01 Yes	33. SUBJECT INJURED <input checked="" type="checkbox"/> 02 No	34. SUBJECT ALIVE OR INJURED? <input checked="" type="checkbox"/> 01 Yes	35. SUBJECT ALIVE OR INJURED? <input checked="" type="checkbox"/> 02 No					
36. CHARGE(S) PLACED ***** PLEASE SEE NEXT PAGE *****									37. CB NO. 18323335	38. DNA	
REASON FOR USE OF FORCE (Check all that apply)	PASSIVE RESISTER		ACTIVE RESISTER		ASSAULTANT/ASSAULT		ASSAULTANT/BATTERY		ARMED AND DANGEROUS		
	SUBJECT'S ACTIONS DO NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>	PULLED AWAY <input type="checkbox"/>	FLED <input type="checkbox"/>	OTHER _____	IMMINENT THREAT OF BATTERY <input type="checkbox"/>	OTHER _____	ATTACK WITH WEAPON <input type="checkbox"/>	ATTACK WITHOUT WEAPON <input type="checkbox"/>	OTHER HUMAN SALIVA <input type="checkbox"/>	WEAPON <input type="checkbox"/>	
MEMBER'S RESPONSE MEMBER PRESENCE VERBAL COMMANDS EGORY HOLDS WRISTLOCK ARMBAR PREASURE SENSITIVE AREAS CONTROL INSTRUMENT OC/CHEMICAL WEAPON W/AUTHORIZATION OTHER _____	OPEN HAND STRIKE TAKE DOWN /EMERGENCY HANDCUFFING OC CHEMICAL WEAPON CANINE TASER (Probe Discharge) TASER (Contact Blunt) TASER (Spur Deployed) OTHER _____	ELBOW STRIKE CLOSED HAND STRIKE/PUNCH IMPACT WEAPON (Describe in Box 40) OTHER _____	KNIFE STRIKE KICKS IMPACT MUNITION (Describe in Box 41) OTHER _____	CARTRIDGE WEAPONS OTHER _____	WEAPONS OTHER _____						
	40. OC/Chemical Weapon Authorized by Name [REDACTED]	40. ADDITIONAL INFORMATION									
WEAPON DISCHARGE INCIDENT <input checked="" type="checkbox"/> DIA	POSITION	STAR NO.	UNIT	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input checked="" type="checkbox"/> 01 Indoors <input type="checkbox"/> 02 Outdoors	43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Good Artificial	44. WEATHER CONDITIONS CLEAR			
	45. MAKE/MANUFACTURER	46. MODEL	47. BARREL LENGTH	48. CALIBER/QUAHLIE							
49. TASER DART ID NO.	50. WEAPON SERIAL NO. (Include Letters)	51. CHICAGO GUN REG. NO.	52. IL FIREARM OWNER ID NO.	53. HANDGUN CERTIFICATE NO.							
54. SPECIAL WEAPON CERTIFICATE NO.	55. PROPERTY INVENTORY NO.	56. TYPE OF AMMUNITION USED	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER	58. TOTAL NO. OF SHOTS MEMBER FIRED							
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER	60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	61. NO OF CARTRIDGES/SHOT SHELLS RELOADED	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	63. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO							
64. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW	65. SPECIFY METHOD/EQUIPMENT USED TO RELOAD										
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)	67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 6 - 10 FT. <input checked="" type="checkbox"/> 03 11 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT										
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)										
70. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT/DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC					71. CPIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV.						
Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.											
SIGNATURES	72. REPORTING MEMBER (Print Name) BANDOLA, ROBERT S 07-JUN-2016 04:48:24		STAR/EMPLOYEE NO 7810	SIGNATURE [REDACTED]							
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.										
	74. REVIEWING SUPERVISOR (Print Name) POULOS, JOHN D		STAR NO. 814	SIGNATURE [REDACTED]	DATE REVIEWED 07-JUN-2016 04:57:01	TIME 01:57:01					

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LIEUTENANT OR ABOVE/OCIC REVIEW

THE CHIEF INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3) ALL INCIDENTS INVOLVING THE EXCHANGE OF IMPACT FIREARMS BY A DEPARTMENT MEMBER; 4) ANY USE OF FORCE BY A DEPARTMENT MEMBER WHICH THAT USE OF FORCE IS FROM THE SAME INCIDENT DESCRIBED THEREIN (TERMINAL).

THE APPOINTED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

TO SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DNA REPLIED REVIEW NOT CONDUCTED (Specify Reason)

7B. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on the facts as presented this R/LI believes that the officer followed all department policies, procedures, and the use of force according to the law.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO/CRNO _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

WIBERG, WAYNE A

SIGNATURE

DATE COMPLETED TIME
08-JUN-2016 01:54:03

79. TOTAL TMR THIS EVENT #: